Medication Management: Is It in Your Toolbox?

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What has been your Medication Management experience?

Any Prescribers?

Any Pharmacists?

Any Vendors with Medication Management services?

The Inappropriate Use of Meds Causes Harm

- > 1.5M people harmed; +/- $3.5B in unnecessary medical cost per year[1]
  - 180,000 fatal or near fatal Adverse Drug Events (ADEs) per year[2]
- Who is most at risk?
  - **Elderly**

    (1 in 5 receive wrong med)[3]
  - **Multiple Medications**

    (each additional med increases likelihood 10%)[4]
  - **Across Care Settings**

    (outpatient[5, 6]; hospital[7]; long-term care[8])
- 60% of ADEs are preventable[9]

NB: Citations can be found at the end of presentation

It Happens NOT for Nefarious Reasons

- Limited data at the point of care
  - Only 50% chance of receiving recommended care in U.S.[10]
- Preferences
- Persuasive marketing of medications
- Perverse, fill and bill and other financial incentives still exist
- Limited longitudinal monitoring

"We want to make sure that when doctors decide which medication to prescribe, they select the most cost-effective drug – not necessarily the one with the largest advertising budget," *State Medicaid Agency Director*

What is Medication Management?

- Medication Therapy Review
  - Population-based
  - Comprehensive (i.e., whole-person) or Targeted (therapeutic category, condition-specific, etc.)
  - Employing evidence-based guidelines
- Patient Centered
  - Personal medication record
  - Medication action plan
- Intervention and Referral
  - Prescriber <u>and/or</u> Case Manager <u>and/or</u> Patient / Caregiver
- Documentation and follow-up

Derived from Journal of American Pharmacists Association, 45:5, SEP/OCT 2005, page 573-579

Objective: Identify & Prevent Medication Related Problems

Types of Medication Related Problems Detected

- Drug Use Without Indication
- Untreated Indication
- Potentially Improper Drug Selection
- Dose May Be Too High / Low
- Actual or Potential Adverse Drug Reaction
- Actual or Potential Drug Interaction
- Failure to Receive Medication
- Duplicate Therapy

Source: Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. Am J Hosp Pharm Mar 1990;47(3):533-543.

What it is not!

Previous Efforts Have Not Resolved Cost or Quality Problems

- Preferred Drug Lists / Formularies
- Caps on Drug Spending
- Market-based Rebates
- <u>Retrospective</u> Medication Review*

** source: Hennessy S, Bilker WB, Zhou L, et al. Retrospective drug utilization review, prescribing errors, and clinical outcomes. JAMA Sep 2003;290(11):1494-1499.*

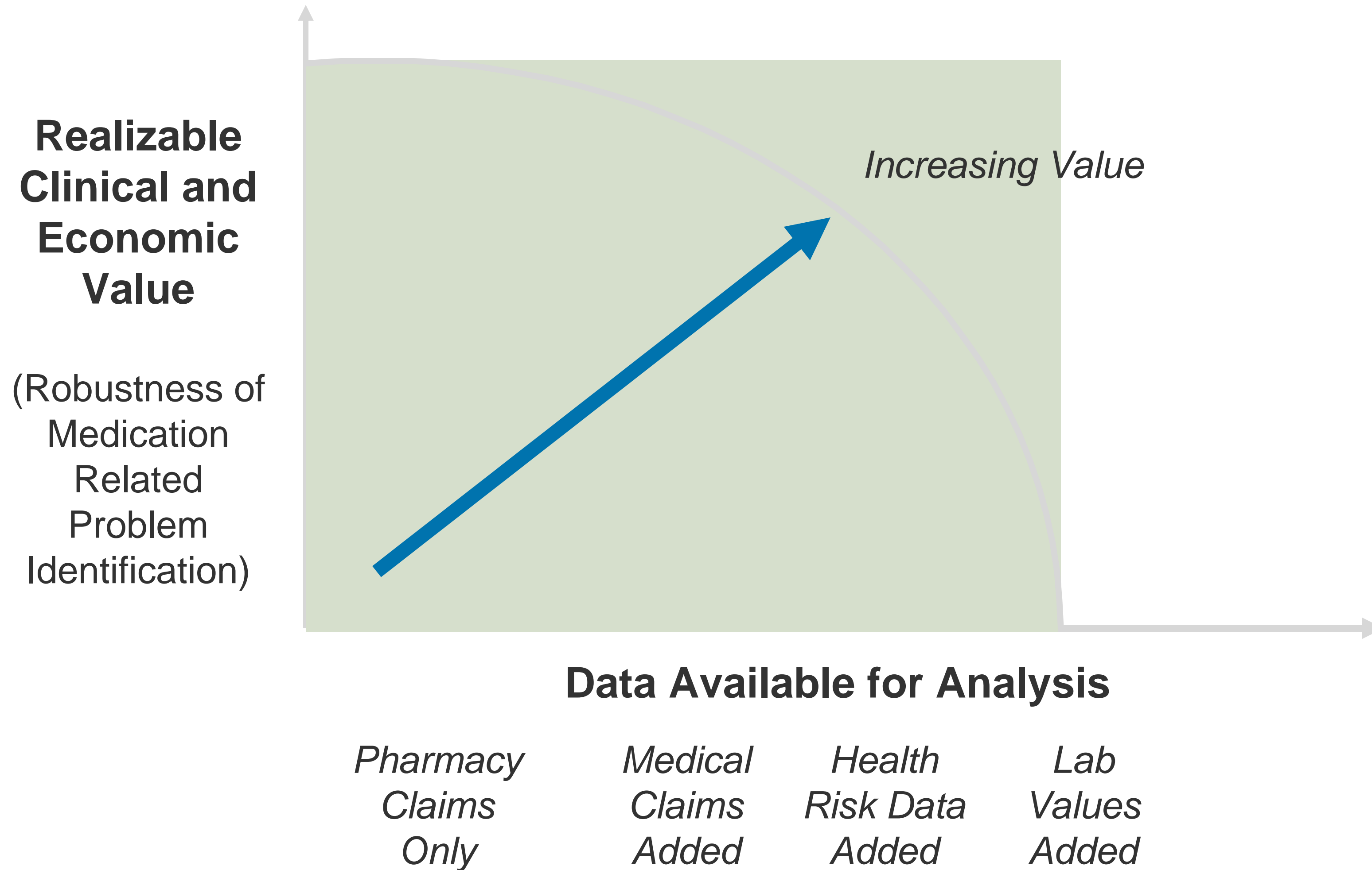
Best Practices

- Engage physicians
- Good data - GIGO
- Provide on-going monitoring
- Demonstrate value

Best Practices: Engage Physicians

- **Physician input** into the development of programs
- **Timely input** so the next patient encounter can be more effective
- **Relevant data** and recommendations that pertain to particular patients or clinical practice
- **Accurate data** so that appropriate care decisions can be made
- **Accessible data** so that getting to the data is not a problem
- **Ease of use** so that the physician can act on the data quickly

Best Practices: Data Availability Drives Value



Best Practices: Continue to re-assess

- Conduct an initial medication risk stratification
- Conduct new medication assessment when "Trigger Events" occur:
  - Change in the medication profile (e.g., add or delete med, change dose)
  - Change in health status (e.g., new diagnosis, hospitalization)
  - Change in the allergy profile
  - Change in lab data values
- Close the loop: Provide monitoring and feedback to all key stakeholders in the patient's care
- Provide academic detailing that is constructive so that physicians are motivated to change

Best Practices: Identify Sources of Value

Patient

- Improve overall health and enhance quality of life
- Increase self-management skills
- Reduce adverse drug events

Payor

- Ensure right drug, right dose, right frequency
- Avoid costly care
  - Decrease use of emergency services
  - Reduce hospitalizations
  - Defer admission to long-term care facilities

Prescriber

- Ensure adherence to best practices
- Provide patient-specific data that is timely, accurate and relevant to their clinical practice
- Increase professional competence of our clinician partners

Case Study: Quality Metrics in Hospice

Representative Hospice Quality Metrics

Metric		Result
Impact on Medication-related Outcomes	→	72 hours post admission pain control exceeding 96%, compared to industry benchmark of 75-80%
Impact on Patient Care	→	Approximately 3/4 of nurses surveyed agreed that partnership enables them to provide better patient care
Impact on Hospice Financials	→	100% of CFO respondents realized direct pharmacy cost reduction; 100% also realized indirect pharmacy cost reduction
Improvement in Quality and Standardization	→	90% indicated improvement in quality and standardization
Improvement in Patient Symptom Management	→	85% indicated improvement in patient symptom management

Source: Survey of Hospice Administrators (administered to hospices with at least one quarter of operating experience with excelleRx).

Opportunity Exists in DM

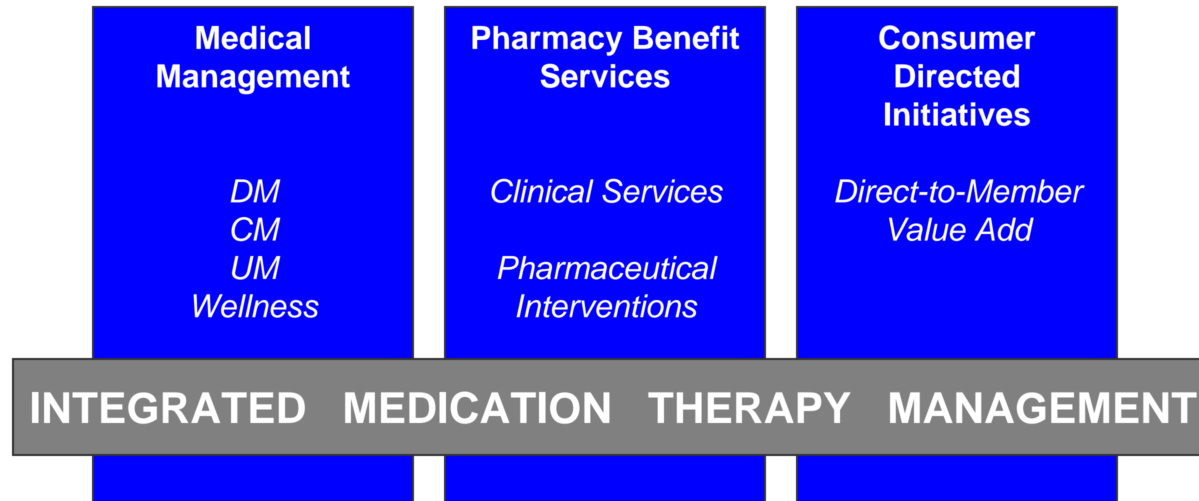
Typically Medication Management is Under-represented

- Review and assessment based upon incomplete data
  - Difficult to detect medication related problems
- Undeveloped Medication Management Tools
  - Difficult to assess complex medication regimens
- Suboptimal Skill Set
  - Nurse centric with limited pharmacist involvement
- Limited Interventions
  - Patient centric without physician engagement

Medication Management How It Can Be Delivered

Medical Management	Provide medication management services to complement existing medical management programs such as DM, CM, UM, etc.
Pharmacy Benefit	Provide medication management services to complement traditional PBM services such as industry-standard drug utilization review
Direct to Member	Provide medication management services direct-to-members as a value added offering
Pharmaceutical Interventions	Identify targeted opportunities for therapeutic interchange or additions within specific member populations

End Goal: Provide an integrated platform



Supported by:

- Access to clinical pharmacist resources
- Evidence-base guidelines
- Clinical Decision Support Tools (medication risk stratification)
- Longitudinal, web-based medication management platform
- Outcome measurement and financial analysis

Citations

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2. *David Classen, MD. Medication Safety. JAMA, 289:9; March 5, 2003 p. 1154.*
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